

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Continuing A Majority Party Action Committee (CAMPAC)

ADDRESS (number and street) 5915 Eastman Avenue Suite 100
 Check if different than previously reported. (ACC)
Midland MI 48640

2. **FEC IDENTIFICATION NUMBER** C00350462
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 10 01 2007 through 10 31 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jacqueline M. Medema

Signature of Treasurer Electronically Filed by Jacqueline M. Medema Date 11 19 2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Continuing A Majority Party Action Committee (CAMPAC)

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		18672.23
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	33708.17									
(c) Total Receipts (from Line 19)	3000.00	40150.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	36708.17	58822.23								
7. Total Disbursements (from Line 31)	9954.37	32068.43								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	26753.80	26753.80								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

Continuing A Majority Party Action Committee (CAMPAC)

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	2000.00	3750.00
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	2000.00	3750.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	1000.00	36400.00
(c) Other Political Committees (such as PACs)	3000.00	40150.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	3000.00	40150.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3000.00	40150.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1954.37	6068.43
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1954.37	6068.43
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8000.00	26000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	9954.37	32068.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	9954.37	32068.43

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	3000.00	40150.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3000.00	40150.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1954.37	6068.43
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1954.37	6068.43

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 12
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Continuing A Majority Party Action Committee (CAMPAC)

Full Name (Last, First, Middle Initial) A. CHRISTOPHER HATCHER		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address 5024 35TH STREET N		Transaction ID: SA11A1.6553	
City State Zip Code ARLINGTON VA 22207-2816	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	CONTRIBUTION		
Name of Employer WILLIAMS & JENSEN PLLC	Occupation ATTORNEY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. KARINA V. LYNCH		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7	
Mailing Address 1668 B BEEKMAN PLACE NW		Transaction ID: SA11A1.6555	
City State Zip Code WASHINGTON DC 20009	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	CONTRIBUTION		
Name of Employer WILLIAMS & JENSEN PLLC	Occupation ATTORNEY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	2000.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 7 / 12	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Continuing A Majority Party Action Committee (CAMPAC)

A. Full Name (Last, First, Middle Initial)
ASSURANT INC. POLITICAL ACTION COMMITTEE

Mailing Address 501 W. Michigan Street
PO BOX 3050

City State Zip Code
Milwaukee WI 53203

FEC ID number of contributing federal political committee. **C** C00185694

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	0	7

Transaction ID: SA11C.6550

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	1000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Continuing A Majority Party Action Committee (CAMPAC)

Full Name (Last, First, Middle Initial) A. BURNSIDE & LANG, PC		Transaction ID: SB21B.6560 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 7
Mailing Address 5915 EASTMAN AVE SUITE 100		Amount of Each Disbursement this Period 156.25
City MIDLAND State MI Zip Code 48640	Purpose of Disbursement ACCOUNTING FEES Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. FIA CARD SERVICES		Transaction ID: SB21B.6563 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 7
Mailing Address PO BOX 15184		Amount of Each Disbursement this Period 1734.62
City WILMINGTON State DE Zip Code 19850-5184	Purpose of Disbursement CREDIT CARD - SEE BELOW Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. ST. IVES GOLF CLUB		Transaction ID: SB21B.6563.0 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 7
Mailing Address 9900 ST. IVES DR.		Amount of Each Disbursement this Period 1734.62
City STANWOOD State MI Zip Code 49346	Purpose of Disbursement CATERING FOR EVENT Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	1890.87
TOTAL This Period (last page this line number only) ▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 12

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)
Continuing A Majority Party Action Committee (CAMPAC)

Full Name (Last, First, Middle Initial) A. FIA CARD SERVICES		Transaction ID: SB21B.6588	
Mailing Address PO BOX 15184		Date of Disbursement 10 / 25 / 2007	
City WILMINGTON	State DE	Zip Code 19850-5184	Amount of Each Disbursement this Period 63.50
Purpose of Disbursement BANK CHARGES		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	63.50
TOTAL This Period (last page this line number only)	1954.37

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Continuing A Majority Party Action Committee (CAMPAC)

Full Name (Last, First, Middle Initial) A. CITIZENS FOR ANDAL		Transaction ID: SB23.6572 Date of Disbursement
Mailing Address POST OFFICE BOX 1607		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City STOCKTON	State CA	Zip Code 95201
Purpose of Disbursement CONTRIBUTION	<input type="text" value="011"/> Category/ Type	
Candidate Name DEAN F ANDAL		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 11	
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) B. COMMITTEE TO ELECT DAVID CAPIELLO FOR CONGRESS		Transaction ID: SB23.6575 Date of Disbursement
Mailing Address PO BOX 3198		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City DANBURY	State CT	Zip Code 06813
Purpose of Disbursement CONTRIBUTION TO CANDIDATE	<input type="text" value="011"/> Category/ Type	
Candidate Name DAVID JOHN CAPIELLO		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CT	District: 05	
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) C. FRIENDS OF MIKE SODREL		Transaction ID: SB23.6587 Date of Disbursement
Mailing Address 702 NORTH SHORE DRIVE SUITE 500		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City JEFFERSONVILLE	State IN	Zip Code 47130
Purpose of Disbursement CONTRIBUTION TO CANDIDATE	<input type="text" value="011"/> Category/ Type	
Candidate Name MICHAEL E SODREL		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN	District: 09	
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Continuing A Majority Party Action Committee (CAMPAC)

Full Name (Last, First, Middle Initial) A. GARD FOR CONGRESS		Transaction ID: SB23.6578 Date of Disbursement																					
Mailing Address PO BOX 277		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		2	3		2	0	0	7														
City GREEN BAY	State WI	Zip Code 54305	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION TO CANDIDATE		011	1000.00																				
Candidate Name JOHN G GARD		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: WI	District: 08																						

Full Name (Last, First, Middle Initial) B. JEB BRADLEY FOR CONGRESS		Transaction ID: SB23.6581 Date of Disbursement																					
Mailing Address 645 South Main Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		2	3		2	0	0	7														
City Wolfeboro	State NH	Zip Code 03894	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION TO CANDIDATE		011	1000.00																				
Candidate Name JOSEPH III BRADLEY		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: NH	District: 01																						

Full Name (Last, First, Middle Initial) C. JIM RYUN FOR CONGRESS		Transaction ID: SB23.6585 Date of Disbursement																					
Mailing Address PO Box 826		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		2	3		2	0	0	7														
City Topeka	State KS	Zip Code 66601	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION TO CANDIDATE		011	1000.00																				
Candidate Name JAMES R RYUN		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: KS	District: 02																						

SUBTOTAL of Disbursements This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Continuing A Majority Party Action Committee (CAMPAC)

A. Full Name (Last, First, Middle Initial)
MCCONNELL SENATE COMMITTEE '08

Mailing Address PO BOX 1496

City LOUISVILLE State KY Zip Code 40201

Purpose of Disbursement
CONTRIBUTION TO CANDIDATE

Candidate Name
MITCH MCCONNELL

Category/
Type

Office Sought: House
 Senate
 President
State: KY District: 00

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.6557

Date of Disbursement

10 / 03 / 2007

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
PEOPLE WITH HART INC

Mailing Address PO BOX 435

City WEXFORD State PA Zip Code 15090

Purpose of Disbursement
CONTRIBUTION TO CANDIDATE

Candidate Name
MELISSA A. HART

011
Category/
Type

Office Sought: House
 Senate
 President
State: PA District: 04

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB23.6580

Date of Disbursement

10 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

8000.00